

W 711
2261
W 92 7

LIBRARY

WORLD RESEARCH IN ALCOHOLISM

annotated bibliography
for the professional staffs of Illinois State Hospitals

published monthly by

STATE OF ILLINOIS

Adlai E. Stevenson, Governor

DEPARTMENT OF PUBLIC WELFARE

912 South Wood Street

CHICAGO-12

George A. Wiltrakis, M.D.
Deputy Director
Medical and Surgical Service

Paul Hletko, M.D.
Chief Medical Officer

Fred K. Hoehler, Director
Department of Public Welfare
Springfield



COMMITTEE ON ALCOHOLISM

Paul Hletko, M.D., Chairman . Irene C. Sherman, M.D., Ph.D., Secretary
Max K. Horwitt, Ph.D. . Andrew C. Ivy, Ph.D., M.D. . Ben W. Lichtenstein, M.D.
Erich Liebert, M.D. . Margaret Platner, M.S.S. . Jeanbelle R. Rosenman
Phyllis Wittman, Ph.D.

WORLD RESEARCH IN ALCOHOLISM is intended as a bibliographical reference source of material and books published currently and during the past decade, providing side-by-side comparisons of related work in

psychiatry	pharmacology
medicine	biochemistry
psychology	sociology
physiology	social work
pathology	and allied fields

Views expressed in summaries and abstracts are those of the authors.

Authors of research in alcoholism are invited to supply the Research Editor with two reprints of their publication for the LIBRARY OF WORLD RESEARCH IN ALCOHOLISM, and abstract indicating purpose, findings, and conclusions. Abstracts should be around 100 words for publication in the annotated bibliography.

Pertinent news notes, as well as periodicals in the various related fields, are also welcome.

If you wish to receive future issues of WORLD RESEARCH IN ALCOHOLISM and have not mailed your request, please write:

WORLD RESEARCH IN ALCOHOLISM
Illinois Dept. of Public Welfare
912 S. Wood St.
Chicago 12, Illinois

357. BIRD, B. (psychiat., Western Reserve Univ., Cleveland, Ohio): One aspect of causation in alcoholism. Quart. J. Stud. Alc. 9: 532-43, 1949.

"Of the many causes uniting to produce an alcoholic, the most important are mental constitution and mental conflict. The alcoholic drinks to escape reality - not primarily the dangers of the outside world but real dangers from within himself. Prevention of alcoholism involves better opportunities for children to grow healthily - with less need to escape through alcohol." -- Wilkins in Psychol. Abstr.

358. BLANKENHORN, M. A. (int. med., Univ. Cincinnati Coll. Med., Ohio): Deficiency diseases in the Cincinnati General Hospital; ten-year study. J. Amer. med. Ass. 140: 1315-7, 1949.

Of 106 patients whose disease was diagnosed as pellagra, alcoholism was specified as the cause in 33. Of 48 diagnosed as beriberi, half were classed as chronic alcoholic addicts. Of 33 diagnosed as scurvy, 3 were chronic alcoholics.

359. BOCK, J. (Judithsvej 5, Copenhagen, Denmark): Liver cirrhosis in the aged. J. Gerontol. 3: 111-8, 1948.

"Among 3177 autopsies performed during 1939-1946 at Hospital De Gamles By (City of the Aged, Copenhagen) were found 137 cases of cirrhosis of the liver (Laennec), or 4.3%. None of the patients, 90 females and 47 males, was younger than 61. The correct diagnosis was made in vivo in the cases of 7 females and 4 males, and in the cases of 13 females and 7 males the disease was the main diagnosis at the autopsy. Summing up these two groups (the diagnosed and the undiagnosed fatal cases), a group is formed consisting of 20 females and 11 males. Comparing the average ages of this group with those of the remaining patients where the disease was a secondary diagnosis at the autopsy, the following values are found: females 75 and 79.5 yrs. (± 6.72 yrs.), males 70 and 77.4 yrs. (± 6.32 yrs.). The differences are statistically significant. Other Scandinavian workers have found that the female sex is predisposed to the malignant form of epidemic hepatitis and that cirrhosis of the liver is now more frequently found among females than among males, contrary to findings a few years ago. Neither the decline in alcohol consumption (in this material chronic alcoholism was found in 5.8%) nor the presence of German troops in Denmark since April, 1940, can explain this change in sex incidence. Evidently a new factor in the pathogenesis of cirrhosis of the liver must be sought." -- Biol. Abstr.

360. CLARK, R. E. (sociol., Pennsylvania State Coll., State College, Pa.): The relationship of alcoholic psychoses commitment rates to occupational income and occupational prestige. Amer. Sociol. Rev. 14: 539-43, 1949. 10 ref., 2 tables.

"The study of Faris and Dunham (Mental Disorders in Urban Areas. Chicago: University of Chicago Press, 1939, page 114) revealed that the alcoholic psychoses commitment rates for Chicago, 1922-1934, were consistently high in rooming-house and Negro areas in the zone in transition near the center of the city. They also found that throughout the 120 sub-community areas in Chicago the alcoholic psychoses commitment rates and the median rental had a correlation coefficient of -.66. These findings suggest the hypothesis for this paper, that alcoholic psychoses commitment rates are inversely related to the amount of income and prestige associated with various occupational groups. The present study tests the above hypothesis on alcoholic psychoses commitment rates by occupational groups, using the white male cases age 20-69 years of age which were included in the study of Faris and Dunham, but which are here classified on an occupational rather than on a spatial basis. These data were adjusted for age by applying the age-specific alcoholic psychoses rates for each occupational group to a standard population. (See Robert E. Clark, Psychoses, income, and occupational prestige, Amer. J. Sociol. LIV: 433-40, 1949.) ... Evidence was also presented that our correlation coefficients were not materially influenced by occupational differentials in (1) the private care of alcoholic psychotics or (2) the commitment of alcoholic psychotics to private mental hospitals outside the Chicago area. The principal explanation is attributed to the factor of occupational selection, but other factors such as occupational (and class) differences in folkways, mores, and habits of living and recreation must also be considered. It is hoped that the trend of research along occupational lines will provide material for making more complete interpretation of these findings. ..."

361. DAHLBERG, G. (Head, State Inst. Human Genetics and Race Biol., Uppsala, Sweden): Suicide, alcohol and war. Acta Genet. Statist. Med., Basel 1: 191-8, 1948/9. 1 ref., 4 fig., 1 table.

The author tries to show that consumption of spirits had a bearing on the decrease in frequency of suicide among men in Sweden during World War I. Due to the potato shortage during that period "the scarcity of spirits was so great that it led to introduction of a rationing system so strict that the allocation amounted to 1 litre a quarter. The drinking of spirits leads to habitual drunkenness and is a direct cause of suicide. Effective rationing must therefore have its advantages. During World War II there were no special restrictions, nor was there a decrease in frequency of suicide among men."

362. DENT, J. Y. (Editor, Brit. J. Addict., London, England): Anxiety and its Treatment with Special Reference to Alcoholism. (2nd ed.) Belfast: Wm. Mullan & Son, 1947. 103 pp. 7s. 6d.

"... The modern problem of anxiety is inextricably tied up with alcohol. Any explanation must eventually be a physical one, and treatment with apomorphine is recommended. A final chapter discusses reasons why extreme anxiety was not typically found during the British experience under bombing." — Wilkins in Psychol. Abstr.

363. _____: Apomorphine treatment of addiction; some recent developments. Brit. J. Addict. 46: 15-28, 1949.

"Though aversion is produced in most cases, the success of apomorphine treatment depends only seldom on this. ... Apomorphine has some further action than production of a vomit. The injection treatment is given in three stages. For the first two or three days the patient is given injections of apomorphine and drinks of alcohol, most of which is generally vomited; then the alcohol is stopped and he gets ordinary food, but injections of apomorphine in small doses are continued for two days. The third stage is his convalescence, which takes two to five days. I have given this treatment to over 250 alcoholic patients, and in about 3% have produced no vomiting. Some others did not vomit the spirit given them during the first stage, but vomited their tea during the second. ... Yet these lost their craving for alcohol, developed no aversion to tea, and did as well as the others. If the main object were to produce a conditioned aversion to alcohol, the risk would not be taken of giving apomorphine during the second stage after the patient has been cut off his alcohol. ... Within the last few months Leslie MacLeod, our research worker at Burden Neurological Institute (Bristol, England) has come upon a somewhat similar phenomenon in rats. Briefly, his findings are as follows: (1) Apomorphine, 0.5 to 1.0 mgm., given subcutaneously to the 200-gm. rat that has never been given any alcohol, produces a transient drowsiness followed by restlessness, but no signs of motor incoordination. Rats are not vomiting animals, so vomiting cannot occur. (Note that the dose is equivalent to about 100 times what is advised by the British Pharmacopoeia for a man proportional to his weight.) (2) Alcohol, given to the rat by mouth or inhalation, produces motor incoordination, first in the hind limbs, then in all four, and, later, loss of consciousness. (3) If alcohol and apomorphine are given together to such a rat — that is, one that has never been accustomed to alcohol — there is simply a superposition of the effects of the two drugs. (4) If, on the other hand, alcohol has been administered to the rat over a prolonged period, some weeks, by slow inhalation to the point where there is slight muscular incoordination, and then an injection of apomorphine is given, there is a marked worsening of the animal's condition with gross incoordination and helplessness. In this experiment the rats had become adapted to alcohol. MacLeod, not content with observations of the rats' obvious incoordination, made numerical measurements of their tissue's excitability by its chronaxie. ... In normal untreated animals, chronaxie values ranged from 22 to 38 micro-seconds. Following administration of alcohol to the point of obvious intoxication, higher values were obtained varying over a wide range from 50 to 130 micro-seconds. In the adaptation experiments, in which apomorphine was administered to rats, which appeared little affected following a long exposure to alcohol vapour, rises in chronaxie were observed. ... MacLeod says: 'These experiments with apomorphine seem to be most simply explained by assuming that apomorphine has the property of prematurely reversing, or at any rate undoing the result of, the mechanism underlying adaptation (of which virtually nothing is known). The results obtained showed that where marked worsening of the animal's state occurred, as subjectively judged, the electro-physiological measurement confirmed it.'"

364. DEVEREUX, G. (Topeka, Kans.): The function of alcohol in Mohave society. Quart J. Stud. Alc. 9: 207-51, 1948. 54 ref.

"The Mohave Indians did not make or use intoxicating beverages in appreciable amounts until the second half of the 19th century. Even now alcohol plays a marginal role in Mohave life in the sense that the drinking pattern is the one-night spree rather than the systematic excessive use of alcohol. The socio-cultural role of alcohol, the forms of alcoholic behavior, and the unconscious factors involved in the use of alcohol in Mohave society are described. Case histories and dream material are psychoanalytically interpreted. These indicate that drinking has become integrated into Mohave social life, but that its role is different from the one it plays in American society. The intoxicated Mohave is not aggressively anti-social even towards white Americans, and alcohol has a special function in his sexual life and in the reduction of certain culturally induced anxieties. The level of anxiety is not high in Mohave society. This, together with the fact that certain basic cultural attitudes have been preserved, explains why Mohave society has withstood the ravages of alcoholism observed in many other American Indian tribes." — Fearing in Excerpt. Med. VIII.

365. HAGGIE, M. H. K. (London Hosp., London, England): Cirrhosis of the liver. Discussion at 117th annual meeting of British Medical Assn. Brit. Med. J. #4619: 160-75, 1949.

A study of the records on patients with evident cirrhosis who had come to necropsy at London Hospital over a period of 40 years, to ascertain how many gave a history of alcoholism, shows:

	Alcoholics per cent.	Teetotal per cent.	Not recorded in notes per cent.
1907-16	50	31	19
1917-26	33.3	33.4	33.3
1927-36	29.7	46	24.3
1937-46	13.6	54.5	31.8

366. KERSTEN, P. M. (psychiat., Winter V.A. Hospital, Topeka, Kans.): Changing concepts in alcoholism and its management. Quart. J. Stud. Alc. 9: 523-31, 1949.

"The dynamic regrouping by R. P. Knight of alcoholics into symptomatic, reactive, and essential is considered a fruitful basis for intensive treatment, which stresses group meetings twice a week." — Wilkins in Psychol. Abstr.

367. KESSLER, L. B. (Psychol., Traverse City State Hosp., Mich.): Alcoholism: a psychological and electroencephalographic study. Amer. Psychol. 4: 275, 1949 (abstr.) Paper presented at 57th annual meeting, American Psychological Assn.

"Problem: To determine effect of chronic alcoholism on performance in a battery of psychological examinations and compare these observations with electroencephalographic patterns. Population: 51 alcoholics without psychosis. Procedure: Within the first week of hospitalization, patients were administered the Wechsler-Bellevue, Form II, Shipley-Hartford and Wechsler Memory Scales, and electroencephalographic studies recorded on a six-channel Grass instrument were made. Results: Wechsler-Bellevue - impairment in memory, conceptual thinking, social judgement and new learning in visual-motor organization. Shipley-Hartford - marked impairment in concept formation with an average CQ of 70.4. Wechsler Memory Scale - visual reproduction chiefly affected. Electroencephalographic analysis indicated fast activity in all regions, decreased amplitude and absence of the alpha wave. In the 35 patients showing the most damage, there was considerable difficulty with arithmetical problems as well. The changes did not appear to be correlated with the duration of the alcoholism, but rather with its continual, almost daily use in large quantities. Once the electrical pattern has been developed, it appears to be irreversible. Psychometric and electroencephalographic patterns correlated highly. Conclusions: The damage seems to be cortical and diffuse. Some metabolic mechanism may be involved. Both the lack of vitamins B₁ and C may have significance in producing irreversible lesions and increased fragility of the capillaries, respectively, the latter, in turn, causing petechial and sub-arachnoid hemorrhages. Alcohol itself is a potent poison when in contact with the nervous system and can produce 'sludging' of the red blood cells with consequent anoxia. Where tracings of non-alcoholics simulate the above patterns, there may be some other organic involvement. Prognostic implication is that those alcoholics not showing the typical alcoholic patterns may be treated more successfully with psychotherapy."

368. MALZBERG, B. (Dir., Bureau of Statistics, New York State Dept. Mental Hygiene, Albany, N.Y.): A statistical study of psychoses due to drugs or other exogenous poisons. Amer. J. Psychiat. 106: 99-106, 1949. 8 tables, 8 ref.

Table 4.

First admissions with psychoses due to drugs or other exogenous poisons to the state and licensed hospitals for mental disease in New York State, classified according to use of alcohol.

Use of alcohol	Number			Per cent		
	Males	Females	Total	Males	Females	Total
Abstinent	29	49	78	27.6	44.5	36.3
Moderate	45	31	76	42.9	28.2	35.3
Intemperate	28	24	52	26.7	21.8	24.2
Unascertained	3	6	9	2.9	5.4	4.2
Total	105	110	215	100.0	100.0	100.0

"Of the 215 first admissions with psychoses due to drugs, etc., 78, or 36.3% were abstinent with respect to alcohol, and 76, or 35.3%, drank moderately. ... Intemperate totalled 52, or 24.2%. Of all first admissions to the civil state hospitals, excluding those with alcoholic psychoses, only 8.1% were intemperate. It is evident that the rate of intemperance is much higher among the drug

group than among the general run of first admissions. In fact, of the first admissions with manic-depressive psychoses, only 7.6% were intemperate. Of first admissions with dementia praecox, only 8.3% were intemperate. ... intemperance is highly prevalent among general paretics, yet of the latter group only 15.2% were intemperate, compared with 24.2% of those in the group with drug psychoses, etc. It is evident that there is an association between the use of drugs and the concomitant use of alcohol to an intemperate degree. ... There is also an important sex difference. Among male first admissions, exclusive of those with alcoholic psychoses, 14.2% were intemperate, compared with 26.7% of the male first admissions with drug psychoses, etc., the latter being in excess by 88%. Female first admissions, exclusive of those with alcoholic psychoses, included only 3.0%, of intemperate users of alcohol, compared with 21.8% among female first admissions with drug psychoses, etc., the latter being in excess by over 600%. It is apparent that intemperance is more closely associated with drug psychoses among females than among males. ... The same excess of intemperance among first admissions with drug psychoses was noted in the Massachusetts study. Rates of intemperance were also higher in this state than in New York. Thus, of the male first admissions with drug psychoses in the Mass. study, 50.4% were intemperate, compared with only 26.7% of the group in New York. Among females, the corresponding percentages were 25.5 and 21.8%. A commonly accepted explanation of the disparity is the unusually high prevalence of intemperance in Boston, from which most of the Mass. admissions are received. ... There is a suggestion of a relatively high rate of first admissions with psychoses due to drugs, etc., among Jews, in contrast with unusually low rates of first admissions with alcoholic psychoses among them. There is something in the Jewish social traditions which strongly discourages the excessive use of alcohol, but there appears to be a counterdrive toward the use of drugs."

369. MANSON, M. P. (psychol., Univ. So. Calif., 6606 Encino Ave., Van Nuys, Calif.): The Alcadd Test. Beverly Hills, Calif.: Western Psychological Services, 1949, 4 pp. 25 copies with manual, \$2.50; 100 copies with manual, \$9; 1000 copies with manual, \$75.

"This test is an objective measure of alcoholic addiction. A forthcoming issue of American Journal of Psychiatry will describe the test and its development. The Alcadd Test is now available to qualified professional workers. It should prove a valuable adjuvant in diagnosis and therapy in the field of alcoholism." — Publisher.

370. MAXWELL, M. A. (Sociol., State Coll. Wash., Pullman, Wash.): Social factors in the Alcoholics Anonymous program. Ph.D. thesis on file at Univ. of Tex. Library, Austin, Tex.

"This study of the experiences of 150 Alcoholics Anonymous members is one of many research efforts designed to throw light on the dynamics involved in the unsolved problem of compulsive drinking and its treatment. Its prime purpose is to analyze the social and sociogenic factors in the Alcoholics Anonymous program of recovery. The writer spent a summer as a participant observer in the closed meetings of an A.A. group. ... The 150 subjects, located in 47 communities, 7 states, and 4 Canadian provinces, gave data on the following 14 program factors: 1) an honest desire to recover; 2) admission of alcoholism; 3) regular meeting attendance; 4) being sponsored; 5) reading Alcoholics Anonymous; 6) awareness of a Higher Power; 7) turning will and life over to the Higher Power; 8) moral inventory; 9) continued self-analysis; 10) confession in the A.A. group; 11) confession total; 12) making amends; 13) improved personal relations; and 14) working with other alcoholics. ... The programs of the four historic movements that had been successful in rehabilitation of alcohol addicts were analyzed. ... All had five factors in common — all present in the A.A. program: requirement of total abstinence; recovered alcoholics used to gain rapport with alcoholics and to arouse their hope and faith in recovery; reliance upon a Power greater than self; weekly group meetings; work with other alcoholics required (except by Father Mathew's movement). ... These findings can be interpreted by the general theory of the social genesis and structure of neurotic trends as developed by Sullivan, Horney and Kunkel. ... the neurotic trends have their origin as security-seeking processes designed to offset the basic anxiety which stems from frustrations, deprivations, hurts, and other negative experiences of childhood. These neurotic trends may be viewed as isolating trends; that is, the secondary needs for protection and reassurance, developed in the earliest interpersonal situations, interfere with, or place a barrier in the way of, achieving satisfying interaction with the environment, particularly the social environment. ... All aspects of the A.A. program are interpreted in terms of their barrier-reducing functions; and the data provided by the subjects are evidence that the A.A. program is able to break through the barrier and bring about an emotional reorientation characterized by a relatively barrier-free perception of, and relation to, other persons and the total environment. ... The findings give support to the theory that man's psychodynamics can be explained chiefly in terms of his interaction with other persons. The data underscore the group therapy discovery that changed social relations are the most effective means for bringing about personality change — and that the social interaction in a primary group has the greatest capacity for bringing about such change; and, finally, that the more barrier-free the therapeutic group is, the more effective it will be in bringing about emotional integration."

371. MCCARTHY, R. G., and DOUGLASS, E. M. (Exec. Dir., Yale Plan Clinic, New Haven, Conn.; and Asst. Supt. Schools, Montgomery County, Md.): Alcohol and Social Responsibility. New York: Thomas Y. Crowell Co., 1949, 320 pp. \$3.50.

"The place of alcoholic beverages in our culture is considered practically, without the psychology of 'threat.' Motivation is stressed — the real interests of people, particularly of the student. The role of adolescent drives in developing drinking customs and attitudes is emphasized in the teaching of young people. ... Designed for the educational field, this book will prove a valuable tool for teachers in public and private schools, colleges, and junior colleges; and for school administrators and supervisors, adult education groups, ministers, and all who are responsible for development of educational programs. It is suited for a college text as well as for the layman." — Publisher.

372. MOURIQUAND, G., EDEL, V., and CHIGHIZOLA, R. (Hop. Edouard Herriot, Lyon, France): Recherches experimentales sur l'alcoolisme. Duree de l'impregnation alcoolique et chronaxie vestibulaire. (Experimental research in alcoholism. Duration of alcohol action and chronaxia.) Bull. Acad. nat. Med. 133: 107-12, 1949. 12 ref.

"The chronaxia is lowered in alc. intoxication. Repeated doses have an additive effect. Return to normal is slower than the elimination from the blood. The nervous system remains for some time sensitized to renewed alc. action." Meyer in Chem. Abstr.

373. REITZLE, J. M. (psychol., Claremont Grad. School, Claremont, Calif.): A comparative study of hysterics, homosexuals and alcoholics using content analysis of Rorschach responses. Rorschach Res. Exch. 13: 127-41, 1949. Condensation of M.A. thesis. 17 ref., 6 tables.

"It was assumed that the Rorschach method distinguishes between personality organizations underlying observable behavior, and that the earlier in life the underlying organization is established, the more definitely it will express itself in observable behavior. Therefore it was assumed that alcoholics, whose behavior becomes obvious later than hysteric or homosexual behavior, would be the least likely to show a definite Rorschach pattern. This proved to be true. While the N's are too small to be statistically significant, the trends of this study move in the anticipated direction. The recent statistical study by the Buhlers and Lefever (Rorschach Standardization Studies) shows the same overlapping found in this study. This does not seem to mean that the testing fails to discriminate between the complexities of personality patterns and the limitations of clinical labels."

374. REVILLIOD, H. (6 Blvd. Helvetique, Geneva, Switzerland): Alcoholism in Switzerland. Lancet CCLVII: 179, 1949. Address before Society for Study of Addiction.

"In Switzerland inebriates are treated at 75 centres — the anti-alcoholic dispensaries — and where necessary in homes for rehabilitation of addicts (six for men, three for women). Since 1946 patients have been admitted to hospital in Geneva for treatment with apomorphine. Of 73 addicts psychologically normal or with some disorder due to alcoholism, 72% abstained from alcohol for three months, and 46% for more than two years after treatment."

375. TINTERA, J. W., and LOVEL, H. W. (St. Johns Hosp., Yonkers, N. Y., and Payne Whitney Clinic, New York Hosp., New York City): Endocrine treatment of alcoholism. Dig. neurol. Psychiat. 17: 521, 1949. (Abstr.) Paper read at annual meeting of American Geriatrics Society, 6/4/49.

"In work with alcoholic patients the authors were impressed by 2 relatively distinct groups in which an endocrine factor seemed of major importance. The first consisted of a large number, particularly among the younger males, who were asthenic in habitus, with soft, smooth faces and little if any chest hair, hypotension and not infrequently gynecomastia. All patients with this constitutional makeup, and most non-alcoholic controls with the same 'allergic diathesis,' revealed the triad of hypoglycemia, low 17-ketosteroids and low androgens. It seemed to be a question of hypoadrenocorticism with a low tolerance to alcohol. Individuals so constituted appear to be the most susceptible and the most likely to become alcoholic at an early age. Many soon become aware of their 'sensitivity' and avoid alcohol. The second group comprised individuals without pre-existing hypoadrenocorticism, who through alcoholic indulgence, caused eventual damage to the adrenal cortex and to other associated glands involved in carbohydrate metabolism. ... Hypoglycemia was universal during 'dry periods.' When the blood sugar falls to a certain low level a craving for alcohol results, this craving being expressed in symptoms similar to those of hyperinsulinism. Consumption of alcohol produces an initial hyperglycemia but eventually leads to hypoglycemia. Continued drinking further decreases the blood sugar, the liver glycogen stores become depleted and fatty degeneration of the liver occurs. Then the liver is unable to detoxify the estrogens, and sex changes found in alcoholism result, e.g., gynecomastia, loss of hair and gonadal atrophy. The entire process is reversed by the administration of adrenal cortical hormone. The authors have developed a procedure for treatment of acute alcoholic states with or without chronic alcoholism. It involves intravenous administration of 30 cc. of adrenal cortical extract

in 3 divided doses during the first 24 hours, 20 cc. in 2 doses during the second 24-hour period, and 5-10 cc. daily in one dose for 3 days. ... Out-patient treatment is possible but the patient is less well controlled. Following discharge, 2-5 cc. of the hormone are given intramuscularly twice a week for 3 weeks, then at weekly intervals for an indefinite period. Both during and following hospitalization, patients are given a diet high in fat, moderate in protein and restricted in carbohydrate to prevent sudden changes in the blood sugar concentration. ... Patient is advised to identify himself with A.A., and specialized psychotherapy is reserved for the group with major psychopathological disorders."

376. UMIKER, W. O. (Commander, U.S. Naval Hosp., Bethesda, Md.): Pathology of acute alcoholism. U.S. Nav. Med. Bull. 49: 744-52, 1949, 31 ref.

"Fatal, uncomplicated, acute ethyl alcohol poisoning is uncommon. Only 3 cases were found in a series of well over 1,000 unselected necropsies at U.S. Naval Hospital, Bethesda, Md. Perhaps it is fortunate that man has chosen ethyl alcohol to temporarily escape from his troubles. It is not easy to consume a fatal dose unless it is ingested in a comparatively large quantity within a short period of time. In the usual bout of heavy drinking the participant loses consciousness, and thereby the ability to consume more alcohol, before a lethal dose is taken. ... Nevertheless, acute alcoholism with its resultant physical, mental, emotional, and moral deterioration is the underlying factor in a large percentage of all medical and surgical deaths. ... Conclusions: (a) There are no pathognomonic findings in acute alcoholism. (b) The most constant pathologic changes are severe meningeal and cerebral congestion, pulmonary edema, acute gastritis, visceral congestion, and acute pancreatic necrosis. Most of these changes are found in other conditions, especially those characterized by anoxemia. (c) Post-mortem blood, urine, and tissue alcohol determinations are of diagnostic value only when death has taken place within a few hours after onset of alcoholic coma, providing the autopsy is performed before putrefaction has begun. (d) Acute alcoholism should be suspected in all cases of suicide, homicide, accidental trauma, poisoning, and as a complicating or precipitating factor in other medical or surgical fatalities."

377. VESELSKY, J. (Ze Zavodni Nemocnice Vitkovickych Zelezaren v Ostrave-Vitkovicich): Zemepisne rozšíření vrozeného vymknutí kyčelního ve světle alkoholové spotřeby. (Geographical distribution of congenital hip-luxation in relation to consumption of alcohol.) Praktický Lekar, Prague 28: 339-41, 1948.

"Alcohol causes retardation of growth in the next generation, reduction of weight, abortions, signs of degeneration and probably also congenital subluxation of the hip, which is only a simple dysplasia, healing spontaneously in 75% and developing into luxation in 25%. Congenital subluxation of the hip shows the highest incidence in all countries where the production and consumption of alcohol are high." -- Wolf in Excerpta Med. IV.

NEWS NOTES

378. ILLINOIS:

Elgin State Hospital, Dr. M. K. Horwitt, Elgin, Illinois. Research in progress: Study of the metabolism of antabuse in alcoholic subjects.

379. SOUTH CAROLINA:

H 1420, proposes creation of hospital for treatment, care and rehabilitation of alcoholics.

380. SOUTH DAKOTA:

"We are conducting a program for treatment of alcoholics on an out-patient basis." -- D. M. Wayne, M.D., Veterans Administration Hospital, Ft. Meade, S. Dak.

381. VERMONT:

Bill 139, approved 5/4/49, authorizes governor to appoint committee to study treatment and rehabilitation of alcoholics.

382. VIRGINIA:

"Several of our students (in the School of Social Work) have written or are planning to write theses in the field of alcoholism." -- Rosamond McCanless, Librarian, Richmond Prof. Inst., College of William and Mary, Richmond, Va.

383. CANADA:

"We have been doing experiments using rats, studying the relation of alcohol, cirrhosis and dietary requirements of choline." -- W. Stanley Hartroft, M.D., Asst. Prof., Banting and Best Dept. of Med. Res., Univ. of Toronto.